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“It’s Real”: Experiences of Family Homelessness in Fort Worth, Texas

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Abstract

Introduction: Despite the common public image of homelessness (read: a single “vagrant” person), families with children represent one-third of the homeless population—an especially-serious social problem since family homelessness has long-term negative impacts on two generations simultaneously. This interdisciplinary study examined the complexities of family homelessness in Fort Worth, Texas.

Methods: A literature review outlined pathways into family homelessness, shared experiences, and common intervention strategies. An original qualitative study followed, employing a phenomenological approach to interview families in a local rapid-rehousing program. Open-ended questions allowed free descriptions of personal realities. Audio-recorded responses were analyzed for relevant themes, commonalities, and variations.

Results: Findings suggested that Fort Worth families’ pathways into homelessness are consistent with the “life shock theory,” whereby those already financially strained experience compounding stresses suddenly, leading to homelessness. The study found local and national experiences to be similar; however, it was limited by a convenience sample exclusively comprised of women nearing a housing goal, potentially coloring their outlooks. Finally, the study raised the question of whether rapidly rehoused Fort Worth families are well-positioned for stability.

Conclusion: The similarity of participants’ concerns pre- and post-homelessness suggested that some families may transition to a status still “at risk” rather than “stably housed.” Considered in the context of previous research, findings supported further interdisciplinary inquiry into how longer-term, post-housing support might promote housing stability.

Key Words: family homelessness, homeless families, homeless women, homeless children

Introduction

Homelessness in the United States is a nationwide problem that knows no geographical bounds, but it is perhaps most visible in urban areas. As a result, the “public image” of homelessness often centers on single adults living in unsanitary or otherwise unhealthy conditions outdoors, often compounded by mental health or substance abuse disorders. Contrary to that image, nearly one-third of the population experiencing homelessness in the U.S. is made up of family units—most often a young single mother with around two school-aged children (United States Interagency Council on Homelessness [USICH], 2018). Between 2017 and 2018, the metropolitan area of Fort Worth, Texas, experienced a decrease in the proportion of people in families to the overall homeless population, from nearly one-third to nearly one-quarter, but much of this decrease may be attributable to a shift in the reclassification of family housing units from “transitional housing,” which are counted as “homeless,” to “rapid rehousing,” which are counted as “housed” (Tarrant County Homeless Coalition [TCHC], 2019). Since that single year-to-year decrease, the number of families experiencing homelessness in Fort Worth has begun to rise again: according to an annual single-day census completed by the federally designated local agency overseeing homelessness response (TCHC, 2019). In 2019, approximately 138 families, made up of 431 total individuals, are estimated to experience homelessness on a typical day in the Fort Worth area (TCHC, 2019).

Family homelessness has proved to be a particularly stubborn problem in urban areas like Fort Worth. Family units may experience differing pathways into homelessness relative to unaccompanied individuals, and they also have unique needs when receiving support and interventions. Furthermore, children who experience higher numbers of traumatic events, like homelessness, are more likely to experience poverty and/or homelessness themselves as adults (Montgomery et al., 2013). Thus, interventions addressing family homelessness represent a unique opportunity to have a broader impact by potentially helping improve social outcomes for two generations simultaneously.

Purpose of the Study

This study aimed to produce an interdisciplinary, mixed-method understanding of family homelessness in Fort Worth. To that end, it included an interdisciplinary review of the academic literature on family homelessness in the United States, and an original

qualitative survey of five female heads of families experiencing homelessness in Fort Worth, followed by contextual examination and analysis of their responses.

Issues within homelessness, including the ongoing existence of large numbers of families experiencing homelessness, are fertile ground for interdisciplinary study because of the complexity of the phenomena involved. There are sociological factors involved in the creation of and response to homelessness, as well as the interactions that families experiencing homelessness have with groups and institutions in society; economic factors that appear to drive the level of risk of experiencing homelessness for a given family; and psychological factors that can influence pathways into homelessness, present barriers to exiting homelessness, and otherwise manifest in the short- and long-term effects homelessness has on those who experience it. Additionally, the profession of social work can lend insight into working with families experiencing homelessness, while the history and politics of family homelessness can shed light on its genesis and sustained prevalence. This study sought to find common ground among the perspectives of those academic disciplines and the personal perspectives of primary stakeholders in the issue.

Literature Review

The study reviewed three broad areas of inquiry found in the academic literature on family homelessness: understanding the underlying causes of and pathways into family homelessness, understanding the experiences of families experiencing homelessness and its short- and long-term impact on their lives, and the discovery of the interventions and policies most likely to be successful in preventing and/or functionally ending family homelessness.

Underlying Causes of and Pathways to Family Homelessness

In the first 20 years after the phenomenon of family homelessness grew into a nationally apparent problem in the 1980s, a majority of both the academic research and public policy around it was focused on the individual- or family-level characteristics that influenced entry into homelessness, such as mental health, substance abuse, or domestic violence (Jones, 2015; Grant et al., 2013). A more integrated view based on the most recent 20 years of research, however, suggests that family homelessness is caused by convergence and interplay of disparate factors,

including economic conditions, individual and family characteristics, and social structures and policy.

The relationship of economic conditions to homelessness, perhaps especially family homelessness, is well-described in the existing literature. Where housing markets are tighter, and a higher number of families find themselves rent-burdened, paying 40-50% or more of their income toward housing costs, family homelessness has been shown to increase (Quigley & Raphael, 2001; Gould & Williams, 2010). Other unstable and unsustainable housing situations, such as families “doubling up” in the homes of other family members or friends, are also more common when economic conditions for the lowest-income families are worse and are correlated with an increased risk of family homelessness (Grant et al., 2013). Excessive rent burden and doubling up are both more likely to be experienced by a single-mother-headed family than one headed by two adults or a single man (Fertig & Reingold, 2008).

Economic conditions alone, however, do not appear to be a standalone pathway to family homelessness. Rather, they create an environment in which other individual or family characteristics or events become more likely to precipitate homelessness because they exert a downward shock, whether temporary or permanent, on the family’s income level (Curtis et al., 2013). Such factors commonly include family breakup, interpersonal violence, alcohol or other substance use, maternal depression, or financial shocks like loss of income or sudden health expenses (Fargo et al., 2013; Sylvestre et al., 2018; Rabiah-Mohammed et al., 2019). Thus, the pathway into homelessness for any family is an equation unique to its circumstances. A tenuous financial and housing position, adding one or more life conditions, or other events that add to that strain, result in an increased probability of homelessness.

Experiences and Impacts of Family Homelessness

Since most homeless families are headed by single mothers, the literature review focused on the homeless experiences of mothers and children and the resulting impacts on their lives. Though the pathway into family homelessness may be catalyzed by one or more traumatic and stressful events, such families likely have already experienced significant trauma during the period of poverty preceding homelessness. Traumas commonly experienced by poverty-saddled single mothers may include social isolation, interpersonal violence, stigma, gender discrimination, and difficulty attaining or maintaining even the necessities of human life, such as sufficient food, shelter, and health care (Broussard et al., 2012). Likewise, children in families experiencing poverty

are likely to experience more traumatic experiences than their counterparts from more affluent families, including family or neighborhood violence, parental incarceration or other separation, neglect, or environmental stressors related to a family's financial status like food insecurity, poor housing quality, or higher neighborhood crime (Evans & English, 2002).

Then, at the advent of a family homelessness experience, mothers and their children are often subjected to additional layers of trauma and environmental stress as a part of life in family shelters. In various studies, mothers living with children in family shelters reported high levels of stress around perceived barriers to returning to work or finding housing, such as strict shelter schedules and program requirements that reduce available resource search hours (Mayberry et al., 2014), tension with shelter staff over boundaries of disciplining the child or children (Mayberry et al., 2014; Sylvestre et al., 2018), and even a perceived stress-related decline in cognitive executive functioning (Monn et al., 2017). In addition to the predictably negative effects such parental stressors can have on the children's emotional well-being (Herbers et al., 2014), children living in shelters with their mothers also experience stressors such as lack of free play time and space, confusion over disciplinary roles between parents and shelter staff (Mayberry et al., 2015), and disrupted educational, social, and family routines (Zima et al., 1994). The long-term effects of such traumas tend to be profound and point to the stressful experiences of poverty and homelessness as potential key factors in the cyclical nature of these social problems.

Following the publication of the 1998 Adverse Childhood Experiences (ACE) Study that revealed a positively graded relationship between ACEs and an increased risk of poor physical, mental, and behavioral outcomes in adulthood (Felitti et al., 1998), academia quickly applied the ACE model to researching the social determinants of health. A more recent study of family homelessness suggests a similarly graded relationship between ACEs and childhood adversity, but it also raises a “chicken-or-egg”-type conundrum. Children who experience homelessness experience a significantly higher number of ACEs than their stably-housed counterparts, while nearly three-quarters of adults who experience homelessness report experiencing four or more ACEs during their childhoods (Radcliff et al., 2019). Regardless of “which came first,” the initial relationship between ACEs and physical and behavioral health remains relevant to the socioeconomic relationship, because of the additional strain poor health outcomes place upon families living on the economic margins.

Policies and Interventions to Prevent and/or End Homelessness

Family homelessness can be approached from two polar points of attack. First, certain policies and interventions have the potential to prevent families in poverty from entering homelessness in the first place. Second, other tools would help families exit homelessness into stable and lasting housing situations. On the economic side of the picture, some research indicates that strategies like public investments in the creation of new affordable rental housing stock, along with an increase in the number of permanent housing subsidy vouchers available to rent-burdened families could help reduce the incidence of family homelessness (Bratt, 2004; Bassuk, Hart, & Donovan, 2020). Similarly, policy reforms aimed at eliminating the systemic opportunity gaps in education, achievement, and income enforced by de-facto housing segregation patterns in the United States are also believed to be needed to reduce the cyclical, intergenerational transfer of poverty (Ayscue & Orfield, 2016), a transfer which perpetuates the sort of economic strain prerequisite to the creation of pathways into homelessness.

Housing interventions after the advent of family homelessness largely take four differing forms:

1. Emergency shelter programs, where families live together in shelter settings and are required to participate in intensive services until they are “housing ready”
2. Transitional housing programs, in which families are placed in housing with rental assistance for a specified term and concurrently receive supportive services intended to lead to family self-sufficiency
3. Rapid rehousing, wherein families are quickly rehoused and provided less-intensive services, and their rental assistance is phased out over a shorter term, based on the belief that once a crisis is averted most families can stabilize themselves
4. Permanent housing subsidies, which usually consist of public vouchers that defray rent costs consistently and indefinitely into the future (Gubits et al., 2018).

Results of the long-term, HUD-sponsored Family Options Study suggest that emergency shelters and transitional housing are both the most expensive interventions, as well as the least effective, as they have the highest rates of families who experience homelessness again a few years down the road (Gubits et al., 2018). Rapid rehousing

and long-term subsidies are near one another at the lower end of the cost scale, but between them, the long-term subsidy was found to be significantly more effective in promoting long-term housing stability among rehoused families, even without the provision of any other wraparound services (Gubits et al., 2018). Given this standalone success of long-term subsidies, there is some debate about how important intensive social services are to previously homeless families once housed.

Some researchers argue that the only thing most families need to exit the state of chronic homelessness risk is a better match between their housing cost burdens and their incomes, regardless of whether the gap is narrowed through subsidy or social mobility (Donley et al., 2017; Gubits et al., 2018). Others point to the similarity in adult and childhood traumas experienced by families experiencing homelessness and those who are housed but living in extreme poverty. The latter suggests that wraparound social services after housing, whether offered universally to all families in a given program or tiered based on need, may help break the cycle of poverty and homelessness (Bassuk et al., 2020; Bassuk et al., 2010; Hailemariam et al., 2020). The growing body of evidence for the connection between trauma and cyclical poverty and homelessness has raised increasing interest in a two-generational (“2Gen”) approach to social services for families experiencing homelessness. Although 2Gen is not the norm in social service settings, it is endorsed by the United States Departments of Health and Human Services, Housing and Urban Development, and Education (2016) as a strategy to produce longer-reaching effects by providing services to support both mothers and children simultaneously, rather than providing separate services to each. Using the approach results in a broader practical perspective to tailor interventions in a way that supports resilience by strengthening the family unit.

Methodology

Interview Design

The study consisted of mixed-method interviews with single mothers experiencing homelessness who had minor children in their care at the time of the study. All participants spent time living in family shelter environments and were now engaged in entering a rapid rehousing program. First, quantitative data was collected about each family, including the age, gender, and race of each family member and their history of homelessness and homeless service encounters. Then, a qualitative interview composed of open-ended questions, supplemented with adaptive prompting intended to help

elicit the experience of family homelessness, was conducted with each participant. No identifying personal information was collected or stored as a part of the quantitative or qualitative data-gathering process.

The approach of the qualitative portion of the interview was designed using the phenomenological approach proposed by Groenewald (2004), wherein the research question guides both the selection of participants and the subject of the interview questions themselves, to understand the family homelessness through the described experiences of families who have lived through the phenomenon. In the case of this study, since the research question was the experience of family homelessness in Fort Worth, participants were recruited with assistance from local providers of family homelessness services and consisted largely of women in their 20s with an average of fewer than three children. Informed consent was obtained from participants via a verbal agreement to participation after listening to a description of the purpose, procedures, risks and benefits of the research, the voluntary nature of participation, and the participants' rights to confidentiality of the data collected. During recruitment, potential interviewees were informed that each participant would receive a \$20 gift card in appreciation for her time.

The qualitative portion of the interview included questions that allowed for participant elaboration based on personal experiences, such as “what events or conditions led to you and your family not having a place of your own?”; “how would you describe the time your family had right before you began experiencing homelessness?”; “what has it been like trying to get the services your family needs to exit homelessness?”; “what effects has the experience of homelessness had on you, or on your child(ren)?”; “have you received any particularly valuable assistance, or has there been anything you found unhelpful?”; and “what do you look forward to in the future, and what do you think it might take to get there?”

Data Collection and Analysis

To capture the tone and nuance of each response, the audio of the interviews was recorded and stored while the interviewer also took detailed notes and impressions. The audio recordings were later transcribed into text and then compared against the interviewer's notes to identify any conflicts of understanding and to locate and qualify experiential themes. Identified themes were then analyzed contextually, both in terms of the national-scale literature review, as well as the available qualitative data available on family homelessness specific to Fort Worth, Texas. To check and control for

observer bias, the interviewer/analyst conducted a peer review of the themes and analyses with two local service providers intimately familiar with poverty and homelessness in the Fort Worth area, before completing the study analysis.

Sample Characteristics

The interview sample of five participants was drawn from single mothers who were engaged in a “rapid rehousing” program in Fort Worth, Texas. Two participants had spent time in two different family shelters before entering a rehousing program, two had spent time in one family shelter before rapid rehousing intake, and one had stayed with her family in motels, citing her number of children as a barrier to entry at most shelters, before the one shelter that accepted large families had an opening. Both the average and median ages of interview participants were around 27, and 80% of participants were black. On average, participants had between two and three children in their custody. Though it can be a challenge to match the demographics of a small population sample to a large population, the sample in this study came reasonably close, considering that nationwide most families experiencing homelessness are headed by women in their 20s, three-quarters identify as non-white, and the majority have between one and three children in their custody (USICH, 2018).

The Research Findings

Pathways into Homelessness

Previous research has found circumstantial factors that increase a family’s susceptibility to an episode of homelessness, such as living in a sustained state of economic strain (Curtis et al., 2013). Causal factors, which more directly precipitate homelessness, can occur alone or in multiples, like domestic violence, mental or physical health issues, sudden income loss, or other psychologically-traumatic stressors (Rabiah-Mohammed et al., 2019). Mitigating social factors like strong or weak personal support networks, can help prevent or hasten homelessness, respectively (Fertig & Reingold, 2008).

The factors that combined to create pathways into homelessness reported by participants in this study were complex, yet consistent with the various contributing factors supported in the literature, and the catalysts that caused each family to initially enter its pathway were varied. Two participants reported the financial strain of young single motherhood, especially a lack of access to affordable resources like childcare and transportation, as a primary driver on the pathway to homelessness. Two participants

identified incidents of domestic violence, a well-known factor in the type of family breakup that leads to homelessness, as precipitating their homeless situations. Finally, one participant pointed to a long-term struggle with substance use as a primary driver of her current family homelessness experience. No participant, however, limited her discussion of the precursors of homelessness to a single influence, which was predicted by an integrative understanding of the various relevant disciplinary perspectives on family homelessness pathways found in the literature.

Study participants' stories suggested the existence of an interconnected web of risk and resilience factors so complex and varied that each pathway appeared to be in some way unique to the family who experienced it. For example, both participants who primarily pointed toward economic hardships as a pathway to homelessness also cited a lack of a familial support network. However, the reasons differed; one reported geographical separation from her family, while the other stated her isolation resulted from intrafamily conflict. Two participants reported initial "hidden homelessness" periods when they "doubled up" with friends or family until their overcrowded housing situations became untenable. One participant described being "new in town." Thus, she was without a personal support system on which to lean and reported a period of living in a motel. For both the "doubled up" families and the motel-dwelling family, this period immediately preceded their involvement in differing family shelter programs.

When asked about other circumstances existing before homelessness, both participants who were victims of domestic violence noted that even before they made the important decision to flee their abusive partners, poverty was already a reality with which they grappled. Finally, the participant who cited a substance use disorder as a primary driver of homelessness noted that early in her experience of homelessness, she had some family support available, but ongoing addiction issues contributed to the loss of that support. Her personal network had dwindled when she again became a mother. Taken as a whole, the pathways to homelessness recounted by the participants are consistent with the existing academic literature, which cite combinations of economic conditions, psychosocial challenges, and traumatic events can bring about family homelessness (Curtis et al., 2013; Fargo et al., 2013).

Participants' responses were also consistent with ongoing research suggesting that social capital may be a potentially protective factor against the advent of family homelessness (Fertig et al., 2008; Sylvestre et al., 2018). Each participant expressly pointed to a moment when she felt she had no close contacts willing or able to help--whether as a consequence of shared economic hardship, past events, or some other

circumstance like geographic isolation. Ultimately, for the Fort Worth families included in this sample, the equation that resulted in homelessness appeared to reflect that found in the greater body of research: economic strain, especially with the addition of traumatic or stressful events, and the absence of a personal support network not under similar strain, resulting in an increased risk of experiencing homelessness.

Local Experiences of Homelessness

Upon initially entering homelessness as a family, the experience of trying to quickly regain housing without assistance was typically described as challenging, if not a virtual impossibility. One participant shared, “When you first become homeless, you don’t know where to go; you don’t know what’s out there; and if you don’t have help with your kids, you don’t have any way to find out.” Another participant lamented the difficulty of navigating a complicated and impersonal system of benefits and programs without the benefit of knowing what questions to ask when one finally gets time with an agent. “It’s almost like you have to personally know somebody who works in a certain office, who can help you figure it all out, or else it just takes forever,” she said. These challenges may be compounded for families who have not lived in Fort Worth or the state of Texas for a long time.

A participant who found herself experiencing homelessness with her family in Fort Worth after just a few months in Texas expressed some challenges navigating services that she was familiar with in her previous state. “Different offices do different stuff here,” she said, “and stuff was just hard to find. Getting help with just little stuff like diapers and formula was hard at first, [because] it was just so different here.” Additionally, a theme emerged among all five participants’ responses wherein a lack of resources that may have contributed to the risk of homelessness remains present and perhaps even grows to represent a barrier to the successful exit of homelessness. For example, while two participants listed a lack of childcare as a primary contributor to the incidence of homelessness, all five participants mentioned childcare as a major point of concern in planning a lasting exit from homelessness. Likewise, all five felt transportation access had become a barrier to successfully exiting homelessness. Four participants listed it as a major future concern, and one reported she had used a recent federal stimulus check to purchase a discounted vehicle from a family member.

Life in a shelter environment is also a significant part of the experience of family homelessness. There are four Fort Worth shelters that accept families with children, and four participants stayed in these institutions. Two participants spent time at two

of the four. [These shelters will hereafter be referred to generically as Shelter One, Shelter Two, Shelter Three, and Shelter Four]. Participants' descriptions of life in family shelters indicate that experiences can vary dramatically from one shelter to the next, with a mix of positive and negative attributes. The two participants who stayed at more than one shelter both began at Shelter One and later moved to Shelter Two, for differing reasons. One described her negative experience at Shelter One as being primarily an issue of atmosphere, saying, "The people there just weren't nice. I mean, they weren't mean, but they just didn't seem like they cared. We were just another face, another problem. Nobody was happy." The other person who left Shelter One for Shelter Two says she did so more specifically for the benefit of her children, describing herself as being limited in her ability to discipline or provide structure to her children by shelter rules, but not given any support from shelter staff to help fill the perceived void. "They have a lot of kids there, all together...I don't want my kids picking up bad things from other kids, but it's hard to keep it from going that way if you can't do nothing, and they don't help," she said.

A third participant who lived in Shelter One, however, did not leave for another facility--spending a longer, six-month stay there while pregnant with her third child. She expressed some ambivalence about life at Shelter One, sharing gratitude for "a place to stay when there was nowhere else to go," but also feeling that the progress she made toward independence while living there was minimal. Upon the recent birth of her son, hospital social workers connected her with a rapid rehousing program at another agency, and she said she felt buoyed by the help from her new case managers. "It just feels like everything is falling into place now. The people helping me now are just genuine; they're interested in me, and what help I need to be successful," she said. Life at Shelter Two was reported to be an improvement over their previous situations by both participants who moved there, though imperfect (as one might expect shelter life to be).

On the negative side, one participant reported some continued stress over her ability to have a say in the influences her children might receive from other children, especially children older than her own. The other participant who moved to Shelter Two also lamented something common to her previous location: the lack of privacy inherent to shelter living. Both participants, however, noted that they felt they had vastly improved access to services at Shelter Two, especially supportive education. "Even though it was really hard being there with my kids, they are young, and I know we can move past a hard time in our lives," she said, "and I think they really helped me learn how to handle things, how to be patient when things are stressful." The other participant specifically

called out mandatory classes as the most valuable help she received while at Shelter Two, even if she initially resisted. “Yeah, the mandatory schedules and classes and all that took a while to get used to. I hated them at first, but they taught me so much about parenting, about coping,” she said. “It was helpful. They gave me structure; I needed that,” she said.

The participant who stayed in Shelter Three described a similar balance of negative experiences with positive benefits received. “The rules were a lot, and it was hard,” she said, “and it was hard on my kids, being around different people every day.” This participant felt that some of the more demanding rules were around time management, which challenged her more than others as the head of a larger family with four children. “I hated the early curfew, that’s something I think they should change,” she said, describing how it limited her flexibility to run important errands during alternative hours. Finally, the food quality was a point of pain for this mother, as she explained her belief that the food sickened her family at least once. She felt a shelter rule designating kitchen duties should be changed to ensure that food is handled safely by properly trained and positively motivated staff. On balance, though, the participant from Shelter Three echoed the positive takeaways of the participants from Shelter Two. She felt the education and support she received were worthwhile. “They really challenged how I was seeing things and doing things. I think the parenting classes I had to take, and the other education and stuff, made me more ready to take care of my family on my own,” she said.

Finally, the participant who stayed in Shelter Four described it as a place she would have rather avoided at first. However, she underwent a gradual transition toward accepting help. After leaving a domestic violence situation with her family, “I was irritable. Real irritable. To the staff, to my kids...it was bad,” she said. Part of the participant’s victimization at the hands of her abuser included stealing her income that should have gone to necessities for her and the kids. So, while she wanted to be able to leave and get a place independently, “We just had to leave, with nothing. No clothes, no personal items...maybe just a few kids’ things.” She continued that, while she initially reacted with anger to perceived irritants like mandatory shelter schedules, her anger eventually gave way to gratefulness for a staff whom she described as sympathetic to her traumatic response and ready to help. Getting the services she needed to recover from domestic violence, and help with housing navigation, at the shelter was, “...so much easier than if I had been trying to do it on my own,” she said. “There was somebody right there who could help me figure that stuff out.”

All participants shared thoughts about the impacts that their experiences of homelessness have had on their families, and especially their children. Some impacts were instant and profound; others were very real or unknown, perhaps with consequences yet to be determined. One of the more dramatic impacts was shared by a mother of three, who was facing a potential family breakup because of her family's homelessness; she fled a domestic violence situation while pregnant and left her two children in the care of other family members—an arrangement she said was intended to be temporary.

After six months at a shelter and the recent birth of her youngest son, she was in a rapid rehousing program and hoping to be reunited with her children. Unfortunately, in the intervening six months, her family members had taken legal action to gain permanent custody of the children. She remained hopeful that she would be able to achieve her family reunification goal, but acknowledged the strain, saying, "We'll be in court about that soon; that's just another thing I gotta deal with while I'm getting back on my feet." Another participant with a new baby also had an older child living with other family members. In her case, the situation had been more permanent, and the child is older. This participant expressed hope and openness to reunification but acknowledged the importance of the stability her older son had experienced for several years. "He likes his school where he's at. I'd still take him to that school no matter where we lived, but he's older and if he's happy where he is, I'm kinda gonna leave that up to his choice," she said, adding "I've always been able to see him whenever I want." Another participant noted that on top of the challenges of growing up in a shelter, her school-age daughter was facing a potential third new school in just over a year upon rapid rehousing. "She really liked her last school, and she hasn't been as happy at the one she's at now," she said. Finally, one participant with a five-year-old and an eight-month-old expressed hope in the resilience of children. "I know it's been hard on my older boy suddenly leaving everything, and everything new, but that's why I wanna do better and be an independent woman who can take care of her own family," she said. "And I hope when the baby grows up, he won't remember a time like this."

Of course, no discussion of the experience of homelessness is complete without a consideration of stigma. Among the five participants in this study, however, the theme of stigma emerged from varied and interesting perspectives. The participants considered stigma as much more than just the dehumanizing views or actions of others and sought to harness it for positive ends. There was the more conventional mention of what one participant described as insensitive shelter staff treating its residents as "other," or "less-than," causing the said participant to feel stigmatized by her situation

relative to the employed and housed shelter personnel. Interestingly, though, when asked to reflect on their experience of homelessness and share one thing they wished every person who hadn't experienced homelessness knew, all five participants recast the stigma surrounding homelessness, whether directly or indirectly, as an obstacle to be dealt with from within themselves, rather than an external form of negative treatment by others. For example, one participant said, "I want to say that this can happen to anybody. Don't think you're better than this, because then if it happens, you won't get the help you need," referring to the role of internalized stigma might play in causing some people experiencing homelessness to avoid the realities of their situations or suppress help-seeking behaviors.

Another participant's message addressed stigma around shelter life, hoping her experience might support another's decision to seek help, as she shared, "The shelters are not as bad as you think. I mean, I hated coming here...I came here with an 8-day-old baby. It wasn't my first choice, but I'm glad I did it, and I'll be better off for it." The participant with the largest family in this study, who tried to get back on her feet on her own staying at motels before entering a shelter, explored stigma through the theme of personal shame. She said, "There's no shame in doing what you have to do to work toward a better situation for your family. No shame. I didn't want to come live in a shelter, but it ended up being the best choice for me."

One participant viewed some form of stigma, or "othering," at work from both sides of the homeless services process; the challenging environments in shelters sometimes exacerbated the difference in perspective between staff and residents. She said the one thing she wanted to share was, "Patience. And I mean that for everybody--the people that work at shelters, and the people that stay in them too. Patience, because none of this is easy. But we're all people." And finally, a participant pointed out the importance of promoting awareness of the realities of family homelessness as both a stigma-killer among the public and a source of motivation for other families working toward exiting homelessness. "I would just say, 'It's real.' Homelessness is real...and everyone isn't looking for a handout, you know? Some people are just looking for a way up. It's real, but it's not unconquerable; it's not something you can't get past; it's not something you can't overcome, you know.... It's a process in life that some of us have to go through.... It's as real as it gets. You just have to be strong-minded because everything around you is still going on. Your life might have stopped in that way, but everything else is moving."

The cohesiveness of the messages from these five participants, all unknown to one another, is striking. Each participant experienced a differing pathway into

homelessness, and different experiences during homelessness. Yet all of these women, who were nearing the end of their family homelessness journeys via engagement in rapid rehousing, had remarkably unified views of what others should know about their experiences.

Perceptions of Past, Present, and Future Needs

To complete the picture of the experience of homelessness for the participants in this study, an examination of their self-identified needs across the stages of homelessness was completed. Needs that could have been addressed to prevent or quickly resolve homelessness were readily identified in the participants' responses concerning their pathways into homelessness. For example, the two participants who cited economic strain and lack of access to resources as drivers of homelessness also perceived those to be areas where an available intervention—more affordable childcare, more reliable transportation, or interventions like education to help increase income—might have changed their trajectories. Social capital, or personal networks of support, were also perceived by participants to be an area of need, as each participant specifically recalled a moment at which they had “nowhere else to turn” for help. Geographic isolation, family violence, and other family conflict contributed to the lack of support prior to homeless periods.

More present needs identified during the experience of homelessness were a larger focus of the participant interviews and were more varied than pre-homelessness needs. Interestingly, homelessness needs also included some recurring themes. Childcare and transportation remained prominent perceived points of need during the episode of homelessness, as did support in securing adequate income via employment. Participants also described many needs which were at least partially met by assistance found during shelter stays, including counseling, practical education, assistance accessing benefits like food stamps, and housing navigation services.

Perhaps the most compelling needs perceived by interview participants, however, are those they will experience during their efforts to remain stably housed after their rapid rehousing participation runs its course. One participant, who will not be able to work right away after recently giving birth, expressed hope that the housing subsidy provided through the rapid rehousing program would give her time not only to obtain gainful employment but also to incrementally advance her employment income so her housing will remain sustainable for the long-term future. “For the first few months, the rent is paid; and then for the rest of the year, I just pay 30% of my income, so that helps a

lot. But after that, I don't know," she said. Another participant echoed this focus on the near future, saying that her goal was to, "...get a job and start saving. And then get a better job, so that when my year lease is up, I can afford that place or a bigger place."

All five participants again listed the affordability of childcare as an ongoing concern post-housing. They hope to fill this need but are not yet sure how. Likewise, four of the five participants perceived transportation accessibility or costs to be a continuing barrier to the stability of future incomes and housing. Two participants shared a goal of pursuing a college education, with an eye toward a positive future impact on their income-earning potential. When asked what kind of support might help her achieve her college goal, one participant replied, "I don't know. Being able to pay the rent with one job, a safe place for my kids to be when I'm at school, time to study..." It appears reasonable to question whether the five interview participants, while they were poised to exit homelessness into housing with their families, might relapse into economic hardship or poverty.

Though daily experiences may be different for families before, during, and after homelessness, certain realities, such as support needs, may stay omnipresent and unchanged. Overall, interview responses suggested that many of the needs that increase the risk of homelessness for families living in poverty remain relevant during episodes of homelessness. These needs can remain relevant after families are again housed, depending on how successfully families are in reducing the economic strain they experience in their new housing situations.

Limitations of this Research

There were a few notable limitations of this study to consider when examining its findings. First, this was a convenience sample drawn from participants in a single rapid rehousing program. Though the sample did roughly approximate the demographic composition of the population experiencing family homelessness and included individuals who had spent time at each of the four local family shelters, there are almost certainly still more examples of differing circumstances and experiences than those in this study. Furthermore, the "visible" population of families experiencing homelessness can be quantified because they tend not to live unsheltered; however, most U.S. cities have a notoriously difficult-to-study population of families experiencing homelessness who never encounter the family shelter or rapid rehousing systems. This population is less "visible" as they often live long-term with relatives or friends, or in motels (Brush, Gultekin, & Grim, 2016).

Additionally, each participant in this study was near the end of her family's journey out of homelessness—so it is reasonable to consider how seeing the proverbial “light at the end of the tunnel” might have influenced their descriptions of certain experiential aspects of family homelessness. Their descriptions of interactions with shelter case management staff could have had bias. This was intended to be a “big-picture” study of family homelessness; therefore, it used family heads as participants since they could visualize all three phases of homelessness thanks to their proximity to them. Thus, the sample pool was appropriate, but more detailed examinations of additional individuals could improve upon the sample's lack of breadth. For example, to create an instructive perspective on shelter life experiences, a sample consisting of a mix of women new to the shelter environment and others who had been there longer might have been more appropriate.

Finally, the dynamics of shelter life vary greatly between shelters in the same geographical area, to say nothing of shelter systems in entirely different parts of the country. Any shared experiences of shelter life in this study should be construed primarily from the perspective of the individuals who lived them, and how they may have been affected personally by those experiences. This study had an insufficient basis from which to draw any conclusions about the efficacy of shelter programs as a whole nor did it produce a level of detail sufficient to draw any conclusions about the advantages of one specific shelter's approaches over another's.

Conclusions and Recommendations

As is the case in most urban areas of the United States, Fort Worth family homelessness is a stubborn social issue with a complex litany of underlying causes and lasting impacts. For families who experience homelessness in Fort Worth, life before homelessness is often marked by socioeconomic and psychosocial challenges. Life during homelessness is marked by a sense of loss, upheaval, and acute stress, and life after homelessness is anticipated with great hope. Participants provided answers about how things will be different enough economically to result in housing stability. Though shelter life is not without its negative consequences, such as a loss of privacy, independence, and parental autonomy, mothers also consistently found value in the structured environment, educational support, and co-location of resource access that shelters provided.

Strikingly, the mothers in this study, all of whom were nearing their exit from homelessness with their families, appeared unified in their common optimism. The all

cited their difficult experiences and any accompanying stigma as a source of strength and motivation—and perhaps sometimes as a cautionary tale—rather than as a liability. However, despite such optimistic thinking, there remain some important questions that require further research. First, the scale of the family homelessness problem in Fort Worth remains ambiguous. The accuracy of a homelessness census mechanism, like a point-in-time count, is excellent for a sheltered population; it is perhaps “good enough” for an unsheltered population. Nevertheless, it is inaccurate in counting the “hidden homeless,” such as those who are doubled-up, living in motels, or who are living in other, less-visible places not intended for human habitation (Brush et al., 2016). Second, Fort Worth is only two years removed from a strategic decision to convert family transitional housing capacity to rapid rehousing capacity. On one hand, this conversion resulted in a dramatic single-year decrease in family homelessness numbers, because transitional housing families are counted as “homeless,” while rapid rehousing families are counted as “housed” (TCHC, 2019). However, that decrease was arguably more a result of “moving the line” than one of dramatic change. There has not been enough time for a longer-term study of the housing stability of these families now in rapid rehousing instead of transitional housing.

The perceptions of participants in this study raised the question of whether rapid rehousing interventions will indeed result in lasting housing stability, given that participating mothers perceived the same obstacles looming post-housing as the ones they battled before homelessness. Further, the future concerns shared by participants in this study pointed to a need for more research on the value of supportive services provided to housed families for a longer period after their exits from homelessness. The impact of services to address the factors that drive homelessness risk or provide protective or resilience factors for families with less social capital is unknown.

Finally, the findings of this study were produced using an interdisciplinary approach. There has been some debate in the academic literature on whether families simply need long-term economic interventions like permanent housing subsidies (and little, if anything more) to remain stably housed (Gubits et al., 2018). Some believe that longer-term supportive services are needed to assist previously homeless persons in growing toward economic independence (Bassuk et al, 2020). Still other experts believe some combination or tiered approach is most appropriate (Bassuk et al, 2010). Fuller understandings of a phenomenon as broad and complex as family homelessness require examination from all potential angles and the identification of common ground shared within each perspective, upon which integrated knowledge can be built.

This study identified the lived experiences of families who have found themselves homeless as one such piece of common ground. Different academic approaches learn about these personal experiences through very different, and sometimes very impersonal lenses and methods. This study was able to resolve some differences by translating the participants' insights onto the canvas of stakeholder experience. Thus, study participants' stories provided a focal point at which previously created knowledge about family homelessness could be linked with new findings to further illuminate the problem. While the modest Fort-Worth-centric study did not settle the debate over the most effective approach to ending family homelessness (nor did it aim to do so), it did support the inclusion of such integrative efforts in future research and identifies lived experience as one potential area where common ground can be created among various perspectives. Further interdisciplinary exploration could potentially expand existing knowledge about the intricacies of family homelessness, as well as help tailor intervention and support strategies to better fit local conditions and individual family circumstances, to yield greater and more lasting positive effects on families' economic and housing stability.

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